

ARTICLE A  
SECTION 10

QUALITY CONTROL

TABLE OF CONTENTS

Case Sample Selection	10-1
HOS	
Clinics	
CPS	
Case Flow Procedures	10-2
Requesting Cases from Record Library	
Requesting Cases from HOS	
Requesting Cases from Clinics and CPS	
Returning Cases After QC Review	
Report of Findings	10-3
Required Response	10-4
Corrective Action	10-5
Challenge Procedure	10-6

## ARTICLE A SECTION 10

### QUALITY CONTROL

This section describes the CMS Quality Control (QC) process. The purpose of this process is to determine the effectiveness of the existing eligibility determination system and to make improvements to the system based on QC findings. Random case reviews are conducted every six months for a period of three consecutive months to review eligibility determinations. Specific areas of review include:

- 1) Application processing timeframes;
- 2) Income treatment and budget computation;
- 3) Correct determination of Medi-Cal linkage factors;
- 4) Correct determination of financial and non-financial eligibility factors such as property, residency and alien status, etc.; and
- 5) Acceptable and adequate verification and documentation.

#### 1. CASE SAMPLE SELECTION

The sample month is defined as any granting action taken in the month regardless of the application date. QC may expand the sample month if there are not sufficient cases to randomly select from. In these situations, QC will use listings from prior months and/or worker intake logs.

##### A. HOS Case Reviews

For CMS cases processed by HOS ETs, a random sample of 60 CMS cases is selected for each month of a consecutive three-month period. The sample is drawn from cases listed in Report CDS 615.

##### B. Clinic Case Reviews

For CMS cases processed by clinic PSSs, a random sample of four cases for each PSS is selected for each month of a consecutive three-month period. The sample is drawn from the CMS Report 92 (Monthly Patient Enrollment).

##### C. CPS Case Reviews

For CMS cases processed by PSSs at CPS, a random sample of ten cases for each PSS is selected for each month of a consecutive three-month period. The sample is drawn from both the CMS Report 92 and the PSS's intake log for the sample month. QC requests a copy of the intake logs within the first five days of the sample month. **The PSS must fax the intake log to QC within one workday of the request.**

#### 2. CASE FLOW PROCEDURES

Cases requested by QC cannot be replaced by another case. Supervisors are to make sure that all cases requested for review are sent to QC **within three workdays** from the date of the request. QC should receive the cases no later than the sixth workday (this allows three days for

mail delivery) from the date the request was sent. QC will inform the individual worker's supervisor when cases are not received by the sixth workday. The supervisor will respond to QC by the second day and give the date the case will be sent to QC.

A. Requesting Cases from Records Library

QC orders cases via Case Tracking System (CATS).

B. Requesting Cases from HOS

QC faxes a list of the CMS cases to be reviewed to the designated HOS Supervisor, who immediately directs HOS eligibility staff to send the requested cases to QC at W415 (Attention QC Clerk) **within three workdays**.

C. Requesting Cases from Clinics and CPS

QC faxes the list of cases to be reviewed to the CMS PSS's at the eligibility sites and to the PSS supervisors. All the requested cases are sent by the PSS directly to QC at W415 (Attention QC Clerk) **within three workdays**.

D. Returning Cases After QC Review

QC returns all completed CMS case reviews to the supervisors via the HCAD Manager. Each case has the Desk Review form (HHSA: CMS-11) stapled to the front of the case folder. Cases requiring a response have a District Response form (HHSA: CMS-11A) attached. On HOS cases that are "No Error" cases and were ordered from Record Library, QC forwards the no error CMS-11 to the supervisor, files the CMS-11 in the case and returns the case to Record Library. If the case has an error, the closed case is forwarded to the HCAD Manager.

After the HHSA: CMS-11 is reviewed and required response and corrective action is completed, a copy of the HHSA: CMS-11 and HHSA: CMS-11A is filed in the case. Closed CMS cases that are combined with Medi-Cal cases in pending status awaiting a disability determination are returned to the Medi-Cal DED worker. Closed CMS cases processed on CDS are sent to Records Library, W251. Clerical uses CATS to send all CDS cases to the appropriate destination. The supervisor returns cases from the clinics and CPS to the appropriate eligibility site.

3. REPORT OF FINDINGS

A narrative and statistical report of findings for each review period is distributed to HCAD Management. This report is to be used by HCAD to identify error trends and training needs. The QC worker also completes a determination of the cause of actual and potential dollar errors cited in the desk review. This error cause determination is based solely on information found in the case record. The report contains the following forms:

Error Listing by Unit identifies the number and type of errors listed by worker.

Summary of Error Factors identifies the number of errors cited in each program area.

Error Cause Summary identifies the program area where an error occurred and the probable cause of the error.

4. REQUIRED RESPONSE

HCAD must respond (agree or disagree) to QC on all ineligible and potential dollar errors.

5. CORRECTIVE ACTION

All QC error citations must be reviewed for necessary corrective action. Corrective action shall be taken as soon as possible, not to exceed thirty days from the date the HHSA: CMS-11 is received. The worker will take the necessary actions to correct the procedural errors cited. The worker will **not** change a certified case to a denied case when QC discovers that eligibility to CMS was certified erroneously. Errors requiring contact with the beneficiary are corrected subject to the availability of the beneficiary.

6. CHALLENGE PROCEDURE

Challenges to a QC citation will be considered on ineligible and potential dollar citations and when the ten-day response requirement is met. Challenges, received after the ten-day deadline, are returned to the HCAD Manager with no action taken by QC. Procedural error citations are not subject to the challenge process.

When a citation is challenged, the "Disagrees" box in Section III of the HHSA: CMS-11A is checked. The specific error citation being challenged is identified, and the reason for the "Disagreement" is cited. Facts, references to MEM/MPG manuals, or case documentation supporting district's position must be written in the "Comments" section. The HHSA: CMS-11A and the case record are sent to QC. QC will review and respond to the challenge.